

DIVISION 35: HEALTH —

[Supplementary Information No A27.]

Question: Mr M.P. Whitely asked: Please provide a breakdown of the number of full-time equivalents (FTEs) for the major policy “Development of new services for clients with Attention and Hyperactivity Related Disorders”. What is the indicative breakdown of their professional background? How will the obvious important integration of these services with general complementary and alternative medicine (CAM) services and child development centres be achieved?

Answer: Approximately 20 FTEs with 10 FTEs per team (1 team North and 1 team South).

Consultant Psychiatrist and Registrar, Paediatrician and Registrar, Clinical Psychology, School Psychology, Mental Health Nursing, Occupational Therapy, Speech Pathology, and Social Work.

These specialist services will develop key referral pathways with Child and Adolescent Mental Health Services, Child Development Services and private specialists. The clinical model includes co-location of current clinical staff on a part time basis from existing health and education services.

[Supplementary Information No A28.]

Question: Mr R.C. Kucera asked: My question relates to the funding for the National research Centre for Asbestos-Related Diseases at Sir Charles Gairdner Hospital, conducted by Professors Bill Musk and Bruce Robinson. Can the minister advise what the level of funding will be for the forthcoming year?

Answer: The National Research Centre for Asbestos Related Diseases (NRCARD) is funded by the National Health and Medical Research Council (NHMRC), which is a Commonwealth Government agency. Funding of \$6.156 million over 3 years was announced in September 2006 to eleven chief investigators, including Professors Robinson and Musk. Funding for the forthcoming year is a matter for the NHMRC. The current 2007-08 Department of Health grant to Professor Robinson’s project is for \$95,000 (excl GST) and is to “... undertake preclinical work related to the future development of potential new therapies for asbestos-induced cancer based on combinations of surgery and chemotherapy modalities with immunotherapy.” The contract to undertake this work is with The Sir Charles Gairdner Research Foundation Incorporated (not NRCARD). This funding of \$95,000 (excluding GST) will be maintained in 2008-09.

[Supplementary Information No A29.]

Question: Dr K.D. Hames asked: Please provide the reason for the decrease in commonwealth program funding in each of those services listed in the Budget Paper.

Answer: The services within the Budget Paper that indicate a decrease in Commonwealth funding in the commentary line are:

Total Income by Service

Service	2007-08 Est Act \$000s	2008-09 Budget \$000s	Variation*
Service 4 Palliative Care	1,579	1,347	-232
Service 5 Emergency Department	1,689	1,225	-464
Service 7 Patient Transport	2,862	2,509	-353
Service 8 Prevention and Promotion	19,270	17,785	-1,485
Service 9 Health Protection	53,671	32,862	-20,809
Service 13 Community Mental Health	1,374	649	-725
Service 16 Chronic Illness and Continuing Care	1,582	1,347	-235
Service 17 Drug and Alcohol	9,969	6,347	-3,622

* Variation may be a combination of a number of factors including Commonwealth funding.

The major drivers to a reduction in Commonwealth revenue are Department of Veterans Affairs funding; and Australian Immunisation Agreement.

Department of Veterans Affairs – Commonwealth Contribution

The Department of Health is reimbursed by the Commonwealth for veterans treated in public hospitals. The forecast decrease to 2008-09 funding is attributable to declining numbers of eligible veterans.

Australian Immunisation Agreement – Vaccines

The Commonwealth funds the States and Territories for the purchase of sponsored vaccines and the cost-effective delivery of mutual immunisation programs under the Australian Immunisation Agreement (AIA). Funding is provided for ongoing programs and time-limited programs. Time-limited programs provide funding for a defined period rather than an ongoing basis. With time-limited programs, funding can be greatly increased for the period and then moved to the ongoing area to be administered as a catch up program.

Details	06-07 (Actual)	07-08 (Estimated Actuals)	08-09 (Budget)
HPV	8,442	31,615	9,768

Source: Schedule 3 (a) AIA payment schedule.

The Department of Health includes income from Commonwealth Programs in its budget when they have been confirmed and agreed to by the Commonwealth and the State. Many programs are only confirmed post-budget resulting in an increased Estimated Actual compared to the original Budget. Many Commonwealth programs, such as COAG — Clever Networks — Telehealth, are fixed-term and were never intended to be ongoing.

A further breakdown by service of affected projects is included below. Not all the variations are attributable to a reduction in Commonwealth funding as the income variations above also include other own-sourced revenue. The tables below show the change in funding from 2007-08 estimated actual to 2008-09 Budget for projects that are funded by the Commonwealth:

Service 4 Palliative Care	Change
Commonwealth Program/Grant	\$000s
Strengthening Cancer Care	-8
CanNET – Albany Cancer Project	-4
Dept Veteran Affairs — Commonwealth Contribution	-164
COAG — Clever Networks — Telehealth	-150
Other Commonwealth Programs	100
Total	-226

Service 5 Emergency Department	Change
Commonwealth Program/Grant	\$000s
COAG — Clever Networks — Telehealth	-300
Dept Veteran Affairs — Commonwealth Contribution	-164
Total	-464

Service 7 Patient Transport	Change
Commonwealth Program/Grant	\$000s
Clinical Handover Program	-192
Dept Veteran Affairs — Commonwealth Contribution	-164
Multi Purpose Sites	47
COAG — Clever Networks — Telehealth	-150
Indians Oceans Treaty	5
Other Commonwealth Programs	100
Total	-354

Service 8 Prevention and Promotion	Change
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Extract from *Hansard*
[ASSEMBLY - Thursday, 22 May 2008]
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Mr Martin Whitely; Mr Bob Kucera; Dr Kim Hames; Mr Terry Waldron

Commonwealth Program/Grant	\$000s
Strengthening Cancer Care	-6
COAG — Clever Networks — Telehealth	-150
Public Health Outcome Funding Agreement — Family Planning	21
Australian Immunisation Agreement — Vaccines	-1,114
Indigenous Family Healing Project	-68
Public Health — Hepatitis C — Education and Prevention	5
Public Health — Trachoma Surveillance Program	-40
Public Health — Hepatitis C — Surveillance Program	14
Multi Purpose Sites	47
WA — Indigenous Family Healing Project	-598
Other Commonwealth Programs	100
Total	-1,790
Service 9 Health Protection	Change
Commonwealth Program/Grant	\$000s
Strengthening Cancer Care	-3
Family Planning	21
Australian Immunisation Agreement — Vaccines	-4,458
Australian Immunisation Agreement — Gardisal	-15,328
COAG — Needles & Syringe Program	-1,068
Public Health — Boarder Training	-31
Multi Purpose Sites	47
COAG — Clever Networks — Telehealth	-150
Other Commonwealth Programs	100
Total	-20,970
Service 13 Community Mental Health	Change
Commonwealth Program/Grant	\$000s
Mental Health — Quality Through Outcomes	-600
Multi Purpose Sites	23
COAG — Clever Networks — Telehealth	-150
Total	-727
Service 16 Chronic Illness and Continuing Care	Change
Commonwealth Program/Grant	\$000s
Strengthening Cancer Care	-11
CanNET	-4
Dept Veteran Affairs — Commonwealth Contribution	-164
COAG — Clever Networks — Telehealth	-150
Other Commonwealth Programs	100
Total	-229
	Change

Service 17 Drug and Alcohol Commonwealth Program/Grant	\$000s
COAG — Drug Diversion Program	160
COAG — Drug Diversion Program — Once Off	-138
Workforce Development Program	-888
Other Commonwealth Programs	100
Total	-766

[Supplementary Information No A30.]

Question: Mr T.K. Waldron asked: Please provide a breakdown of the mental health spending in each region for this year, 2007-08, and for 2008-09? I am trying to find where the allocation of the \$194.5 million is to apply to mental health services.

Answer:

Service 2 – Specialised Mental Health

2007-08 \$183.0m

Metropolitan Health Services (MHS) – \$173.9m

WA Country Health Services (WACHS) — \$9.1M

2008-09 — \$194.9

MHS – \$185.4m

WACHS — \$9.5m

Service Definition

Service 2 — Specialised Mental Health represents expenditure for authorised and designated mental health units (including secure wards) across the Metropolitan area and at three WA Country Health Service locations. Metropolitan locations are Graylands, Bentley, Armadale, Fremantle, Swan District, Royal Perth, Princess Margaret, King Edward Memorial and Sir Charles Gairdner. WA Country Health Service locations are Albany, Kalgoorlie and Bunbury hospitals. This Service also includes expenditure occurring in older persons mental health inpatient units for Armadale, Bentley, Osborne Park, Swan (Boronia), Fremantle and Selby Lemnos.

Across all Area Health Services other admitted mental health activity occurs, but is not included under the definition for “Specialised Mental Health”. This expenditure will be captured in Service 1 – Admitted Patients under the casemix adjusted separation Key Performance Indicators (KPI) for both Teaching (Metropolitan) and non-Teaching hospitals (Metropolitan and country) and under the admitted patient bedday KPI for selected small rural hospitals.

[Supplementary Information Request No A31.]

Question: Dr K.D. Hames asked: Please provide figures on people who did not attend outpatient appointments and changes in those figures over recent years at the tertiary hospitals.

Answer: See following table —

Extract from Hansard
[ASSEMBLY - Thursday, 22 May 2008]
p556b-560a

Mr Martin Whitely; Mr Bob Kucera; Dr Kim Hames; Mr Terry Waldron

Jul 2007 to Apr 2008

	MEDICAL		SURGICAL		TOTAL (MED & SURG)		
Hospital	Did not attend	Total	Did not attend	Total	Did not attend	Total	% DNA
RPRH	1102	9997	1008	8476	2110	18473	11.42%
RPH	12814	91098	9135	50241	21949	141339	15.53%
RPH (total)	13916	101095	10143	58717	24059	159812	15.05%
FH	6184	42386	4236	29780	10420	72166	14.44%
PMH	5433	37771	4588	29802	10021	67573	14.83%
KEMH	6761	42117	0	0	6761	42117	16.05%
SCGH	6296	51260	4198	27196	10494	78456	13.38%
TOTAL	38590	274629	23165	145495	61755	420124	14.70%

Financial Year 2006-2007

	MEDICAL		SURGICAL		TOTAL (MED & SURG)		
Hospital	Did not attend	Total	Did not attend	Total	Did not attend	Total	% DNA
RPRH	904	12238	810	10207	1714	22445	7.64%
RPH	16467	108772	10328	57406	26795	166178	16.12%
RPH (total)	17371	121010	11138	67613	28509	188623	15.11%
FH	7006	43914	5225	35276	12231	79190	15.45%
PMH	6849	45873	5581	37364	12430	83237	14.93%
KEMH	8270	50300	0	0	8270	50300	16.44%
SCGH	8350	61409	5667	33984	14017	95393	14.69%
TOTAL	47846	322506	27611	174237	75457	496743	15.19%

Financial Year 2005-2006

	MEDICAL		SURGICAL		TOTAL (MED & SURG)		
Hospital	Did not attend	Total	Did not attend	Total	Did not attend	Total	% DNA
RPRH	0	1017	0	691	0	1708	0.00%
RPH	13646	96910	8928	54344	22574	151254	14.92%
RPH (total)	13646	97927	8928	55035	22574	152962	14.76%
FH	7157	50458	4412	32231	11569	82689	13.99%
PMH	8046	51103	6042	40927	14088	92030	15.31%
KEMH	8087	48749	0	0	8087	48749	16.59%
SCGH	9129	64181	5872	38096	15001	102277	14.67%
TOTAL	46065	312418	25254	166289	71319	478707	14.90%

Data Source: TOPAS for patient attended or booked only. Does not include chart reviews or non-patient attended events.

New and follow-up appointments only.

Data extracted using the medical and surgical definitions of technical bulletin 19.

Extraction date: 26 May 2008 (extracted by the Information Management and Reporting Directorate).

The percentage of Outpatient appointments that were not attended (“did not attends”) for year-to-date (YTD) 2007-08 is 14.7% versus 14.9% in 2005-06 and 15.2% in 2006-07. The total number of appointments is expected to increase to around 504,000 in 2007-08 (compared to approximately 497,000 in 2006-07 and approximately 479,000 in 2005-06)*.

* Please note: The expected total appointments and “did not attends” are calculated by proportioning the YTD 2007-08 data for the full 2007-08 financial year. Data management practices have been reviewed and refined throughout the reporting period with resultant impact on validity of comparisons between reporting periods. Improved data capture related to attendance has the potential to minimize the impact of the initiatives.